

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) (<i>if applicable</i>)	
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.s, or of the Director of a Program or Staff Office)	
Signature	Date
Signature of NOAA Clearance Officer	
Signature	Date

SUPPORTING STATEMENT

Tortugas Access Permit in the Florida Keys National Marine Sanctuary

A. Justification

1. The Florida Keys National Marine Sanctuary (FKNMS), working in cooperation with the State of Florida and the Gulf of Mexico Fishery Management Council, proposes to establish a 151 square nautical mile “no-take” ecological reserve to protect the critical coral reef ecosystem of the Tortugas, a remote area in the western part of the Florida Keys National Marine Sanctuary. The reserve would consist of two sections, Tortugas North and Tortugas South, and would require an expansion of Sanctuary boundaries to protect important coral reef resources in the areas of Sherwood Forest and Riley’s Hump.

An ecological reserve in the Tortugas will preserve the richness of species and health of fish stocks in the Tortugas and throughout the Florida Keys, helping to ensure the stability of commercial and recreational fisheries. The reserve will protect important spawning areas for snapper and grouper, as well as valuable deepwater habitat for other commercial species. Restrictions on vessel discharge and anchoring will protect water quality and habitat complexity. The proposed reserve’s geographical isolation will help scientists distinguish between natural and human-caused changes to the coral reef environment.

NOAA proposes regulations to implement the proposed reserve and to regulate activities. This will be accomplished by prohibiting fishing, taking of organisms, anchoring, and discharging pollutants by vessels and by controlling access to the reserve through an access permit. A limited number of mooring buoys will be provided to allow users to access the resources without anchoring. The purpose of the access permit is to (1) protect this unique deepwater coral reef and (2) facilitate the enforcement of the no-take regulations in this remote area. The overall intended effect of this proposed rule is to protect the deepwater coral reef community in this area from being degraded by human activities.

The information collected for the permit is as follows:

Application: Applicant must call the Key West or Marathon Sanctuary office to request a permit. The required information is:

- ! Names, addresses, and telephone numbers of owner, captain, and applicant.
- ! Vessel name and home port
- ! USCG documentation number, state license, or boat registration number.
- ! Length of vessel and primary propulsion type (*i.e.*, motor or sail).

! Number of divers.

! Requested effective date and duration of permit.

Permit would be free, no form would be required, and Sanctuary staff would be available year-round to handle requests.

Permit duration: For the time the vessel is in the area, not to exceed two weeks.

Restrictions: Vessels longer than 100 feet cannot use the mooring buoys. Advance reservations no more than one month in advance.

Special Conditions: Doubling-up on mooring buoys would be permissible, leave and return privileges (dive during day, stay at the park overnight) would be allowed within the time period covered by the permit.

Call-in requirement: Permit holders must notify FKNMS staff at Dry Tortugas National Park by radio no less than 30 minutes and no more than six hours before entering the reserve; and upon leaving.

Sanctuary staff would enter the information provided into a database and would issue a permit number if all of the required information was provided.

There is an appeals process for permit actions that is described in Section 922.50 of the National Marine Sanctuary regulations.

This proposed rule requires the certification of pre-existing leases, licenses, permits, approvals, other authorizations, or rights to conduct an activity that would be prohibited. The holder of such authorization or right must notify NOAA, in writing, within 90 days of the implementation of the final rule and request certification of such authorization or right.

2. The information collected through this program will be used by the Florida Keys National Marine Sanctuary and the National Marine Fisheries Service Office of Law Enforcement to monitor the use of the reserve, to ensure mooring buoy capacity is not overextended, and to provide advance notice to enforcement officers of the presence of users in the reserve. Information will be collected every time a permit is issued to a person.

3. The information will be collected via telephone and VHF radio. These “oral” forms of collection are necessary so that the agency staff person can develop a rapport with the permit applicant and be responsive to their questions about the resources and regulations. After the first year of using the “oral” forms of collection the agency will reassess the acceptance of internet applications.

4. No other agency will be collecting information on users in this proposed reserve. The Department of Interior will be collecting information on users of the Dry Tortugas National Park; however, this is not part of the proposed reserve, therefore, it cannot be modified to meet the needs of NOAA.
5. The collection will not have a significant economic impact on small entities.
6. If the collection is not conducted it will significantly compromise the ability of the agency to adequately enforce the regulations in this remote area and protect the coral reef resources.
7. Data collection will be consistent with OMB guidelines.
8. NOAA consulted with several members of the public who are users of the proposed reserve area and members of the Working Group that helped design the proposed reserve. NOAA received no adverse comments on the information collection through this informal consultation. A proposed rule will solicit additional comments.
9. No payment or gift to respondents will be given.
10. The permittees names will become public information once a permit number has been assigned and entered into the database.
11. No questions of a sensitive nature are required.
- 12-14. See attached burden table
15. This is a new collection and is therefore a program change.
16. An annual report on the status of Tortugas access permits will be provided to the Sanctuary superintendent for internal agency use only. A list of permittee names will be provided to the public upon request only.
17. This collection does not involve an application form so the OMB approval number and expiration date shall be provided over the phone if requested.
18. Explanation of exceptions: This collection does not involve an application form so the OMB approval number and expiration date shall be provided over the phone if requested.

Tortugas Access Permit

Access Permit	Respond- ents	Applicant					Federal Govt.							
		resp./c ollecti on	total resp.	hr./ response	total hours	\$/hour	toll calls*	total cost	hr/permit	total hours	\$/hour	total cost		
Charter operator													\$	0
Application	70	1	70	0.16	11.2	\$ 12	\$ 0	\$ 134	0.5	35	\$ 18	\$	630	
Radio call-in	70	1	70	0.03	2.1	\$ 12	\$ 0	\$ 25	0.03	2.1	\$ 18	\$	38	
Radio call-out	70	1	70	0.03	2.1	\$ 12	\$ 0	\$ 25	0.03	2.1	\$ 18	\$	38	
Private operator														
Application	30	1	30	0.16	4.8	\$ 12	\$ 28	\$85.60	0.5	15	\$ 18	\$	270	
Radio call-in	30	1	30	0.03	0.9	\$ 12	\$ 0	\$ 11	0.03	0.9	\$ 18	\$	16	
Radio call-out	30	1	30	0.03	0.9	\$ 12	\$ 0	\$ 11	0.03	0.9	\$ 18	\$	16	
Other														
Certifications	1	1	1	0.5	0.5	\$ 12	\$ 1	\$ 7	1	1	\$ 18	\$	18	
Appeals	1	1	1	1.5	1.5	\$ 12	\$ 0	\$ 18	3	3	\$ 18	\$	54	
TOTAL	302		302		24			\$ 317					\$ 1,080	
*- assume all charter operators are local and 30% of private operators make long distance calls. A 10-min. call costs approx. \$.28/min based on ATT long-distance rates. Cetification costs are for copying and mailing.														